

THIS FORM MUST BE COMPLETELY FILLED OUT



**TENNESSEE DEPARTMENT OF REVENUE
Business Tax Registration Application**

RV-F1321001 (05/18)

Answer all questions below completely. Incomplete and unsigned applications will delay processing.

1. Business FEIN or SSN (required)	2. Start Date for Location in Jurisdiction	3. Fiscal Year End Date
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4. Type of Ownership (choose only one box below):

- | | | |
|--|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership (all types) | <input type="checkbox"/> Corporation (all types) |
| <input type="checkbox"/> Marital Joint Ownership
Other Spouse's SSN:
_____ | <input type="checkbox"/> Limited Liability Company
(choose one below) | |
| <input type="checkbox"/> Estate or Trust | <input type="checkbox"/> Multi-Member LLC | <input type="checkbox"/> Single Member LLC |

5. Legal Name of Business _____

6. Primary Address (physical address where records are located; no P.O. box) _____ City _____ State _____ ZIP Code _____

7. Identify Owners, Officers, Members, or Partners (Attach additional names on separate sheet if needed. See Instructions.)

Title	Title
SSN of owner or FEIN of owning business, if available	SSN of owner or FEIN of owning business, if available
First and Last Name of Owner or Name of Owning Business	First and Last Name of Owner or Name of Owning Business
Telephone Number with Area Code	Telephone Number with Area Code
Email	Email
Address	Address
City State ZIP Code	City State ZIP Code

8. "Doing Business As" (DBA) Name (if different from #5 above) _____

9. Classification (select below or write in)
Classification: _____

10. License Type
 Standard Business License Minimal Activity License

11. Business Location Address (physical address only; no P.O. box) _____ City _____ State _____ ZIP Code _____

12. Business Activity at this Location

13. Business Mailing Address

City

State

Zip Code

14. Business Telephone Number

Business Fax Number

Business Email Address

15. Contact Name

Contact Telephone Number

Contact Email Address

16. **Signatures Required! This application must be signed by an owner, officer, member or partner of the entity listed above. Do not print or use a stamp.**

For Department Use Only

The statements made on this application are true to the best of my knowledge and belief.

Signature: _____ **Date:** _____
Owner, Officer, Member, or Partner

Signature: _____ **Date:** _____
Owner, Officer, Member, or Partner
